STATE OF CALIFORNIA - OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT

TRAVEL EXPENSE CLAIM

STD 262A (REV. 5/09)

Page 1 of 1 Pages

CLAIMANT'S NAME							SSN OR EMPLOYEE NUMBER					DEPARTMENT			
Joan E. Denton, Ph.D. CB/ID NUMBER						DIVISION OR BUREAU					OEHHA INDEX NUMBER				
I OSTTION .					Total	Executive Office					1000				
Director RESIDENCE ADDRESS N/R						HEADQUARTERS ADDRESS					TELEPHONE NUMBER				
(See Work Address)							1001 I Street					(916) 322-6325			
CITY · STATE					ZIP CODE		CITY					ZIP CODE			
Sacrame	ento		CA	A 95814			Sacramento				CA 95814			200 100 100 100 100 100 100 100 100 100	
(1) MON	TH/YEAR	(3)	(4)	(5)	MEALS		(6)	(7)		TRANS	PORTATION		(8)	(9)	
July/Aug 2009		LOCATION	8 200 000 00000000000000000000000000000			O.T.,L/T,		. (A)	(B)	(C)		(D)	DY IOYNINGS	#10 m . 1	
(2)		WHERE EXPENSES WERE INCURRED	LODGING	0	ŧ		INCIDEN-		TVDC	CARFARE,	219/2019/2019	IVATE R USE	BUSINESS EXPENSE	TOTAL EXPENSES	
DATE	TIME	WERE INCORDED.	8	BREAK- FAST	LUNCH	OR DINNER	TALS	. COST OF TRANS.	TYPE	TOLLS, PARKING	MILES	AMT	EXIENSE	FOR DAY	
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8/11	19.50	and return		0.00											
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(15)	I HEREBY C	ERTIFY That the above is a true statemen	t of the travel	expenses incum	ed by me in	accordance	with DPA rul	les in the servi	ice of the Sta	te of Californ	ia. If a private	ely owned vehicl	e was used,	u an 1992 1992	
	and if mileag SAM Section	ge rates exceed the minimum rate. I certify ns 0750, 0751, 0752, 0753 and 0754 pertai	that the cost on the cost of t	or operating the safety and sea	venicie was t belt usage.	ednai to ot	Areatet tuan	me rate claime	su, ano inal I	nave met ine	requirements	as hisscubed I	-y		
CLAIMANT	'S SIGNATURE			DATE	1	â î	ATURE OF C	FFICER APPR	OVING TRAY	VEL AND PA	YMENT		DATE		
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